

Date: Fri, 22 Feb 2013 17:47:54 +1100
Subject: AVP Sessions for People Living with Mental Illness
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Hello Elizabeth,

One of the points Katherine and Malcolm mentioned recently (in the monthly AVP Australia Network skype discussions) was that, from your experience with workshop participants living with mental illness, you preferred participants who represented a range of conditions, for example, one suffering depression, another bi-polar disorder, to avoid having more than one person per group suffering the same condition in the group, and so on.

The groups that we ran were within the TAFE (college) system and we offered them as part of support for the clients of the consultant for students with mental health issues. Thus we had a mixture of conditions. But this was more accident than design and we would not want to select attendees on the basis of their condition. That said, perhaps what is important is the degree of alertness. In the early stages of recovery many patients are medicated so heavily that they can barely stop falling asleep. Memory can be a problem as well. However a couple in this condition still kept turning up and seemed to gain something from the sessions.

We found that short sessions of around two hours held toward the middle of the day worked best (we ran from 1pm to 3pm). We used to run our groups inside TAFE which was excellent because the participants had the identity of 'student' rather than patient. We met every Friday for about two years and many people got a great deal of benefit from it.

We tended to do a lot of talking activities and not so many light and livelier as their energy level was fairly sedate. A typical session would begin with a gathering, move into small groups, include a couple of whole group activities and end with some kind of affirmation. We would usually have between 15 and 20 present.

We learned that some people with high anxiety levels found activities where they had to talk with one other person too intense. A good variant of say, concentric circles is to put people in triads and ask one person to talk (keep it to 1 minutes) and then one of the two to volunteer to reflect back- or the two can help each other to reflect back. At the end of the round when everybody has spoken you can suggest that one person of the three stay where they are where the other two move to seats in a different triad. This gives them more control over who they interact with and encourages social assertiveness.

I was very fortunate in having a co-facilitator with me who was extremely sensitive to any feelings of distress in individuals. Many times he was able to go back to a person who may not have given voice to an issue that concerned them. I would give you every encouragement to go ahead with your tasters and if possible train up two or three potential co-facilitators. You have to be prepared for irregular attendance and totally flexible to go with whatever is present in the group. You really need to have a minimum of two on the facilitation team, one

who can keep the group activities going so that the other can sit with an individual who triggers for whatever reason.

Another possibility would be to run a monthly social gathering. We do this on the First Friday of every month. People gather from 6-9pm and everyone brings a plate of food to share or we buy pizza. As well as food and social activities we have about an hour and a half mini-workshop. We integrate those with mental illness with overseas students, newly arrived migrants, refugees and other members of the community- everyone benefits.

I wish you every success and applaud the initiative. There is such a need for empowering activities in the mental health field.

Please feel free to contact if I can help in any way.

Wendy